

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26937

State File No.

3528

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE	
c. LENGTH OF STAY (in this place) non resident		d. STREET ADDRESS (If rural, give location) 511 West Mill St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Terminal Tracks at Woodland Ave.			

3. NAME OF DECEASED (Type or Print) EMMET	a. (First)	b. (Middle)	c. (Last) HUNT	4. DATE OF DEATH (Month) (Day) (Year) Aug 12 50
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5. SEX M	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN	8. DATE OF BIRTH UNKNOWN	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 99 65 9
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) UNKNOWN	12. CITIZEN OF WHAT COUNTRY? UNKNOWN
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE UNKNOWN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Luella Curren	ADDRESS Kansas City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Shock & Hemorrhage	II. OTHER SIGNIFICANT CONDITIONS Multiple fractures of body		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Fall from Woodland Ave bridge		
<i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	Conditions contributing to the death but not related to the disease or condition causing death Older Terminal RY tracts		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ?	21b. PLACE OF INJURY (e.g., in or about home, factory, store, street, office bldg., etc.) 192 Woodland	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) K.C. Jackson Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/12/1950	21e. INJURY OCCURRED (a) WHILE AT WORK (b) NOT WHILE AT WORK <input type="checkbox"/> <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? By fall from bridge to tracks
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos. A. Jones	(Degree or title)	23b. ADDRESS 1612 E 12th St	23c. DATE SIGNED 8/15/50
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24a. BURIAL, CREMATION (Specify) BURIAL	24b. DATE AUG 17 50	24c. NAME OF CEMETERY OR CREMATORY WESTLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY KANS
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DATE REC'D BY LOCAL REG. 8-17-50	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE West Appleton & Jones Inc	ADDRESS K. C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

C. Kenneth Reynolds

Signed.....

Student Embalmer

Licensed Embalmer No. 4471

P. O. Address: 1405 - 9th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.